

Using Communication to Develop, Support and Evaluate Behavior Change Initiatives

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SCOTT C. RATZAN, MD, MPA, MA
Editor, *Journal of Health Communication*
and
Senior Technical Advisor
USAID, Global Bureau

www.journalofhealthcommunication.com

Where are we in communication?

Usage of Existentially Validated Information



Verified data (knowledge)



Processed Data (information)



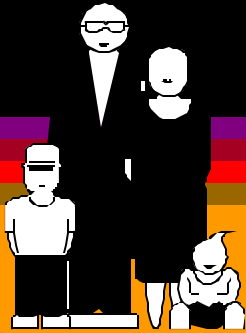
Mere Data



Status quo

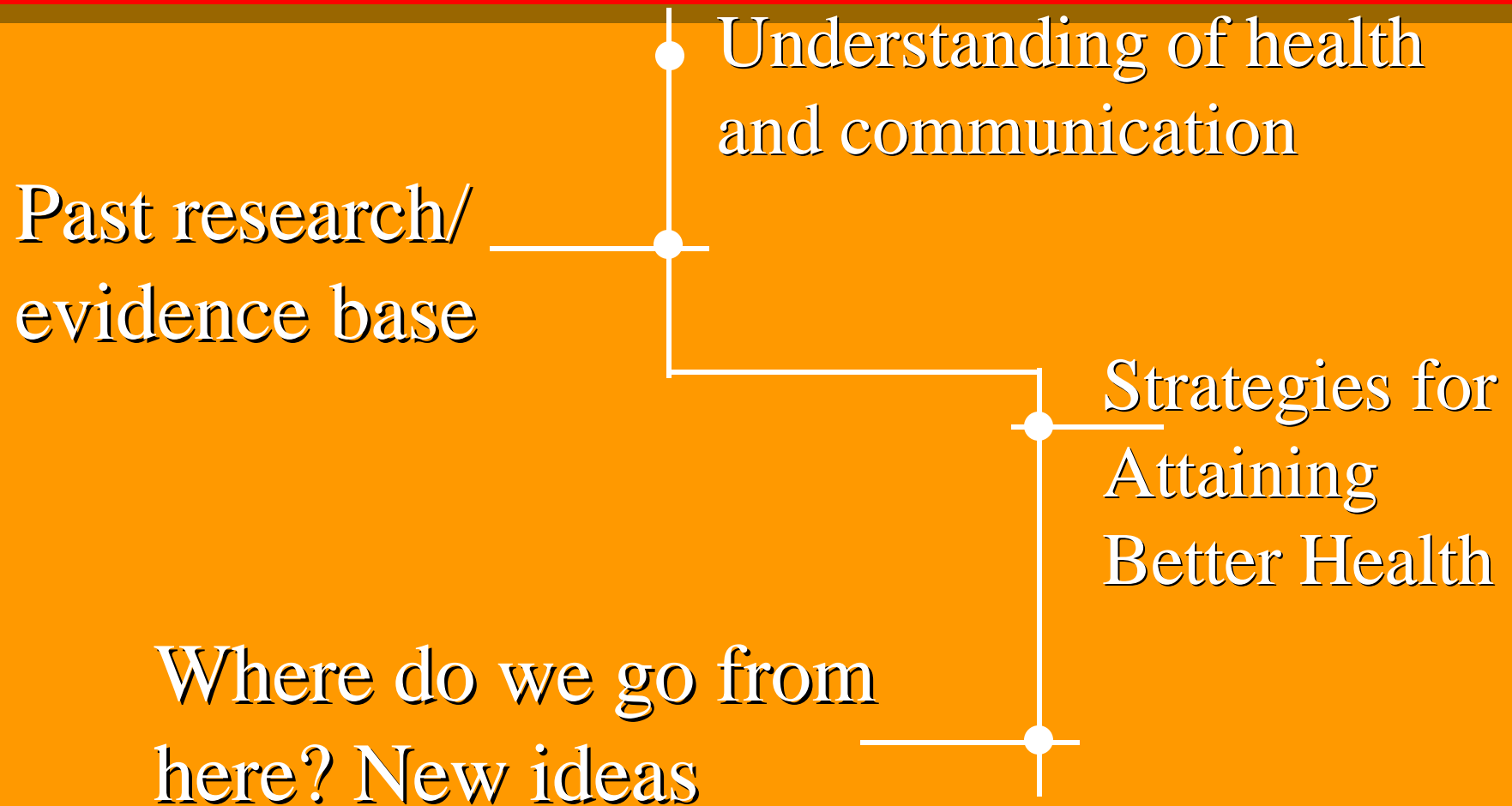


Our Public



- A mouse is just like a little human
- If it is natural it is less “risky” than human made
- The plural form for anecdote is evidence

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How is health developed?

[Health] is 'what we, as a society, do collectively to assure the conditions in which people can be healthy.'

Institute of Medicine, 1988

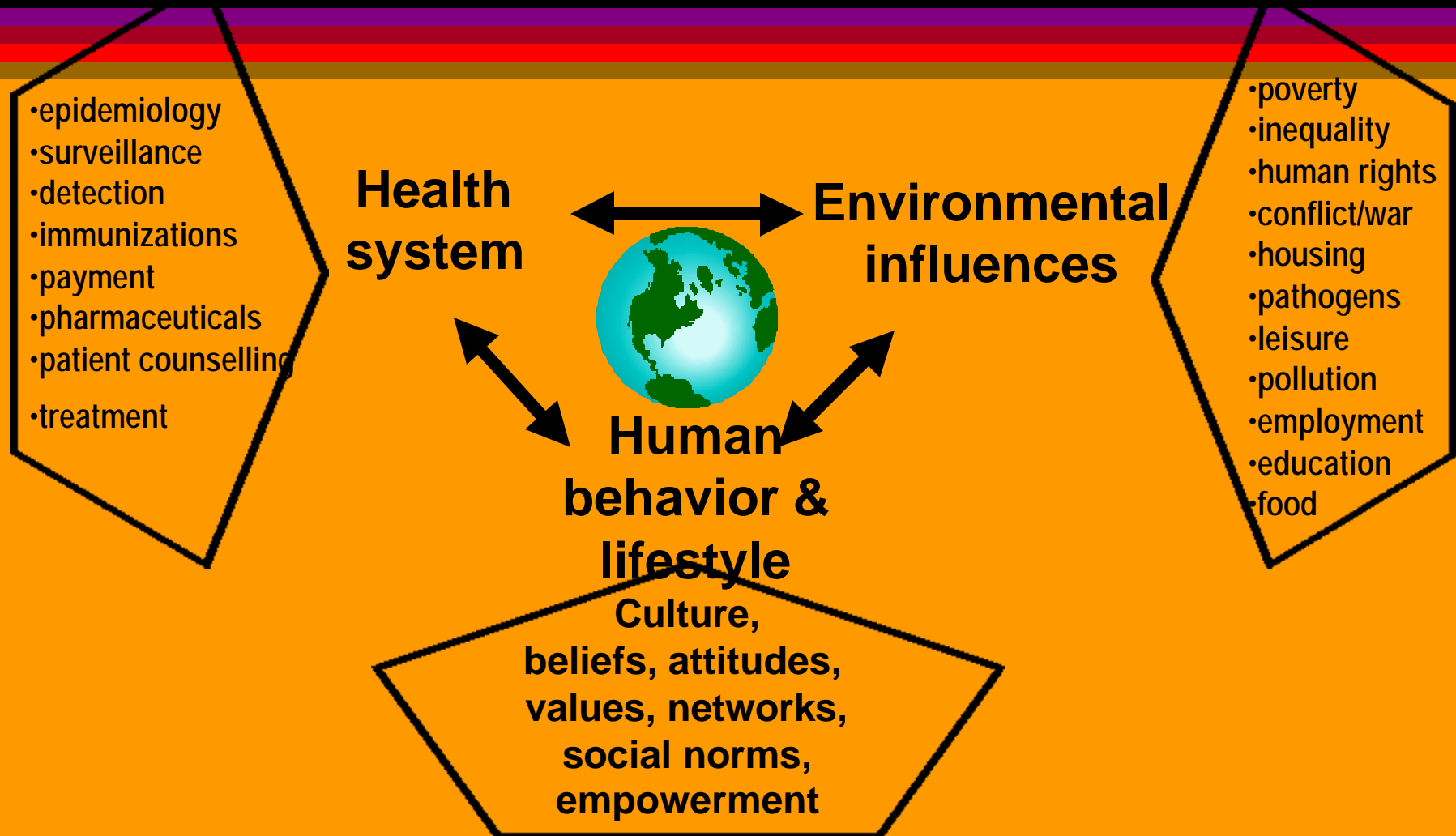
How do we attain health?

Informed opinion and active cooperation on the part of the public are of the utmost importance in the improvement of health of the people.



World Health Organization
Preamble to the Constitution

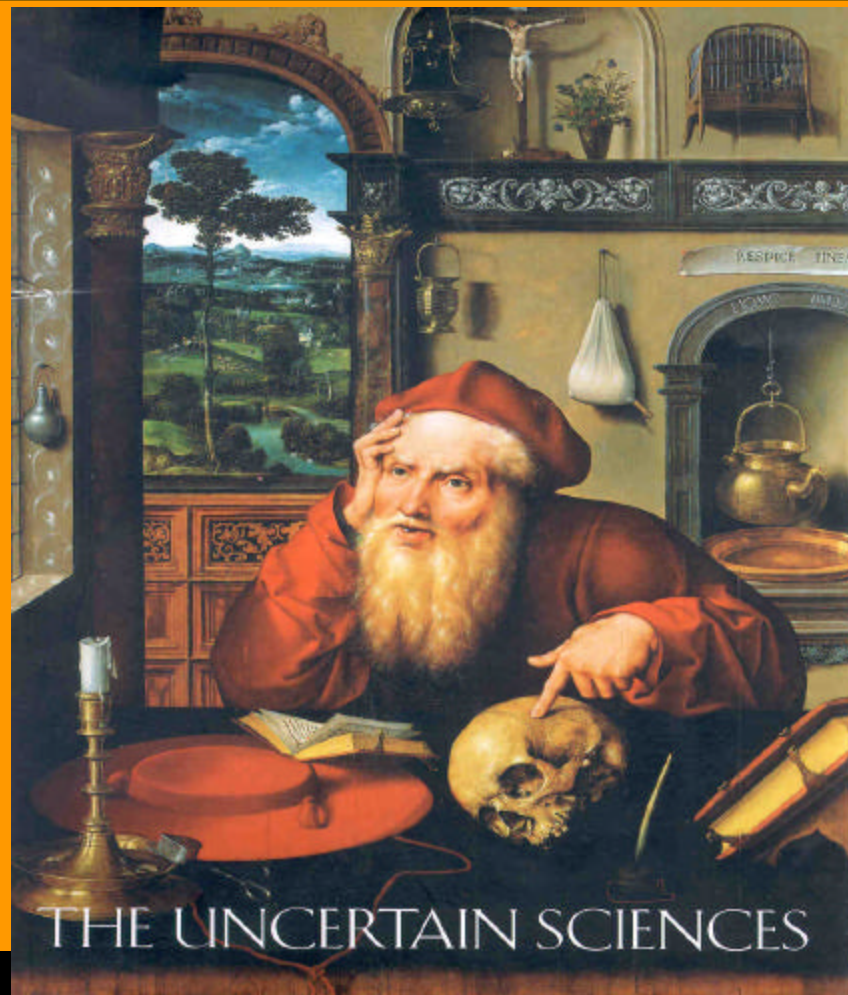
What contributes to health?



Communication for the public good

The **right** information
for the **right** people
at the **right** time
for the ***intended***
effect.

Checking the Science Base of Health Communication: A study



Lit review search criteria

- 1990 - 2000; English language
- Searched Medline, Popline, USAID's database, ERIC, INAPS, and relevant DIALOG files
- Cross-referenced related bibliographies
- Articles were non-U.S. populations

Key Words in Search

- population
- family planning
- nutrition
- health
- communication media
- communication programs
- health education
- nutrition education
- population education
- consumer participation
- communication mass media

Lit review inclusion criteria communication impact 1990-2000

- Article was more than descriptive or polemic
- Empirical study
- Communication was integral in the study/program design
- Offered information for potential reliability and validity checks

Lit review of evidence for communication impact 1990-2000

Over **5000** articles were considered

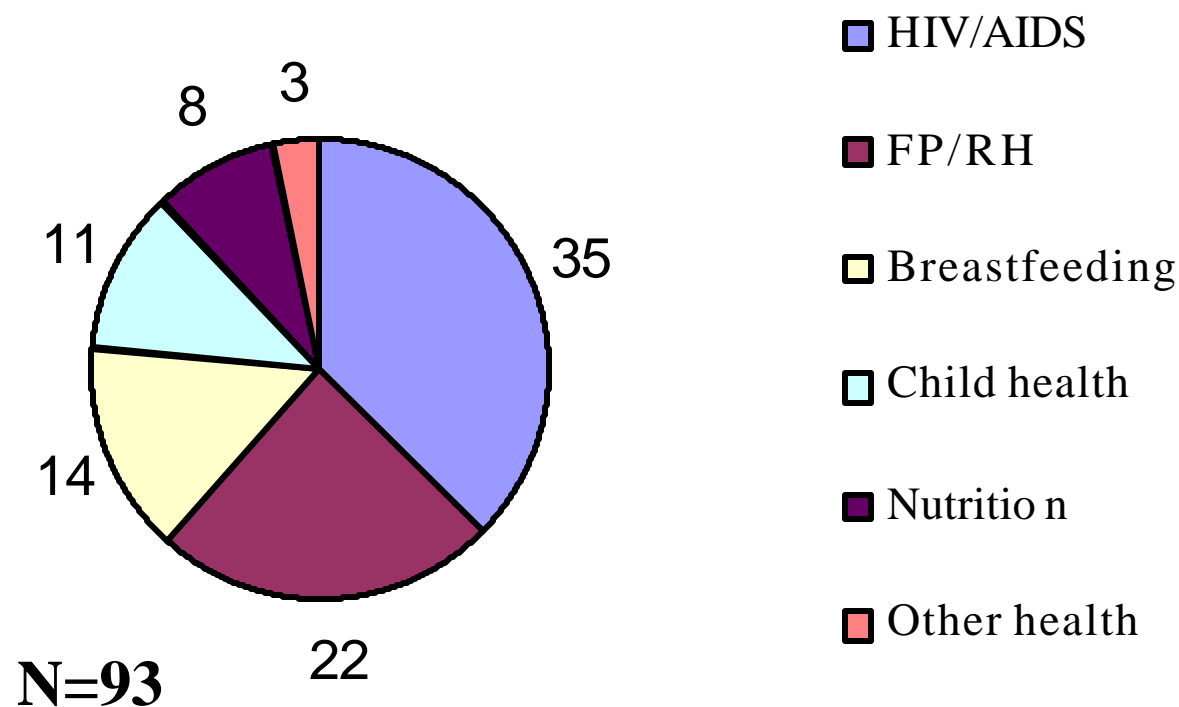
283 articles were coded and in a
Complete Bibliography of Health
Communication

93 met the criteria for an evidence
based study (the matrix)

59 of those claimed impact

Focus areas of published studies in health communication

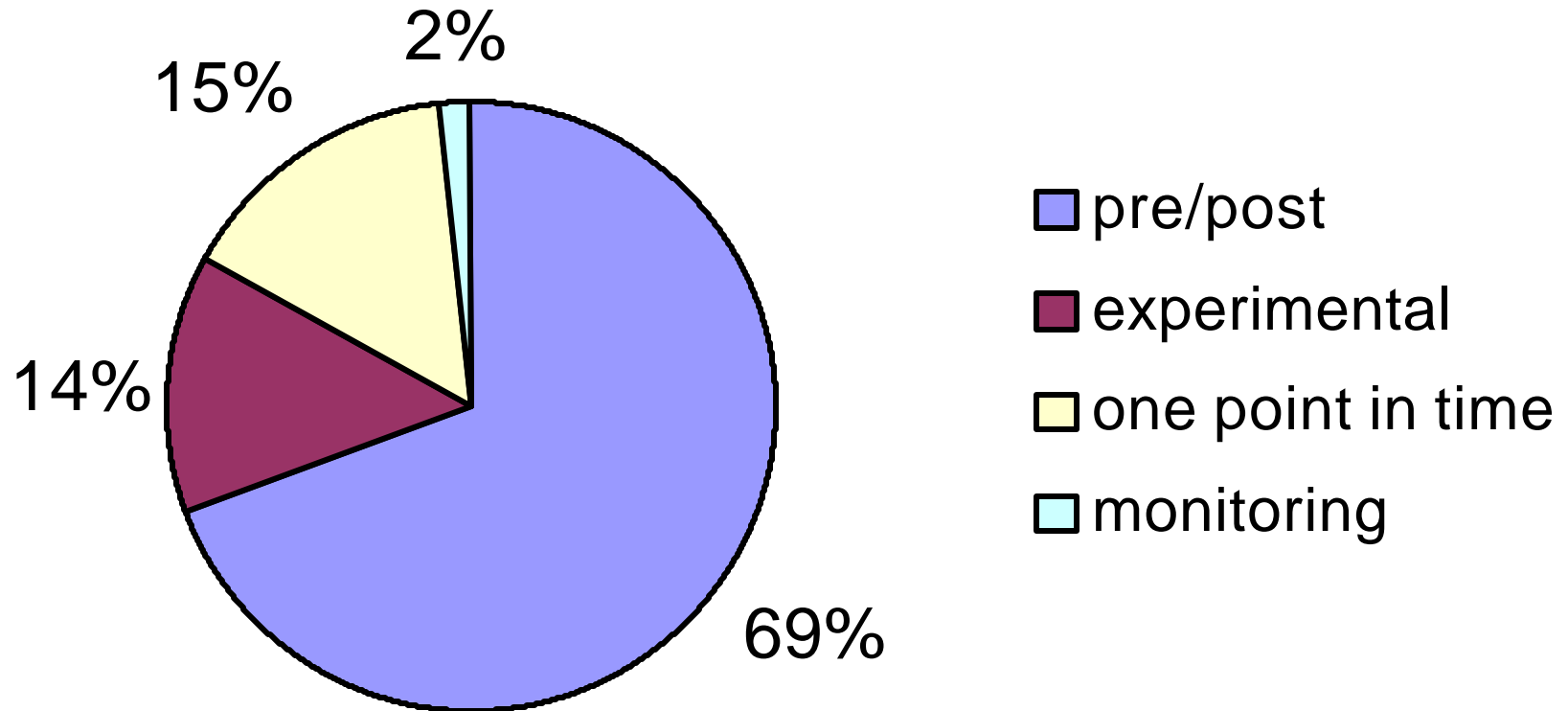
Matrix Articles



Theories used

- Most articles were descriptive of research methodology without a theoretical base (e.g. medical/scientific model)
- In the 22% that identified theory (n=20), social cognitive and behavioral models predominate

How impact was measured



Limitations of Study

- Variation with indicators of knowledge, attitudes, and practice that differ by study design, population, and program objective
- Impact has no common denominator
 - Hence, behavior change variable
- No way to gauge quality of communication intervention
- Study only presents published literature in English

Findings

- Systematically planned and implemented communication campaigns have attributed significant change to the media intervention
 - Media intervention acts as the catalyst, or is catalyzed by other activities (e.g. interpersonal communication, services/product, point/quality of service, etc.)

Findings

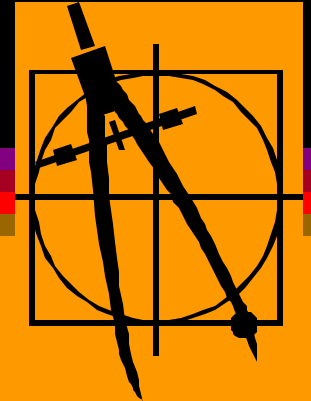
- Research and theory-based projects demonstrated impact
 - methodological soundness is a goal
 - formative research identified as valuable
 - most theory-based were social cognitive and behavioral theory but 78% had no clear theory
- The impact of transfer of skills and long-term sustainability were rarely addressed

How do we currently communicate health scientifically?

- Public health usual ideas:
 - The data speak for themselves
 - Surveillance sets the agenda
 - Indicators set policy objectives

Is there a better way???

A strategic approach to communication



- Adds **VALUE** from the intervention
- Bases interventions on **THEORY, SCIENCE** and **EVIDENCE**
- Develops **SUSTAINABLE IMPACT** and **LEADERSHIP**
- Develops **PUBLIC-PRIVATE PARTNERSHIP** and involves **PEOPLE** as the **PUBLIC**

Current Use of Communication Tactics

Posters to PSAs
School programs

Peer Outreach

Medical Programs

Media Briefings

Collaboratives

Training

News Programs

Paid advertising

Pamphlets

Billboards

Hot Lines

Direct Mailings

Entertainment Media

Celebrities

Web Sites

etc.....

**How do we
best
use
communication?**

Current Understanding of Communication Tactics

PSAs

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**No tactic alone
accounts for very
much change in
behavior!**

The path to ideal health

Goal	Strategies
Improve health decision making and behaviors	Public Relations
	Advocacy/'negotiation
	Social Marketing
	Health Literacy

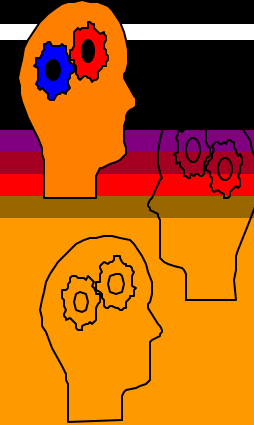
PR/Marketing Communication

- **Influence the environment to help determine the agenda**
- **Use “earned” news media and paid advertising to gain exposure for health literacy**
- **Create exposure and repetition of the message**



Ask your Doctor, RJ Reynolds, 1947

Social Marketing



- Create an optimum blend of the 4P's of marketing (product, price, promotion, place) to reduce the target audience's perceived barriers to accepting the product.

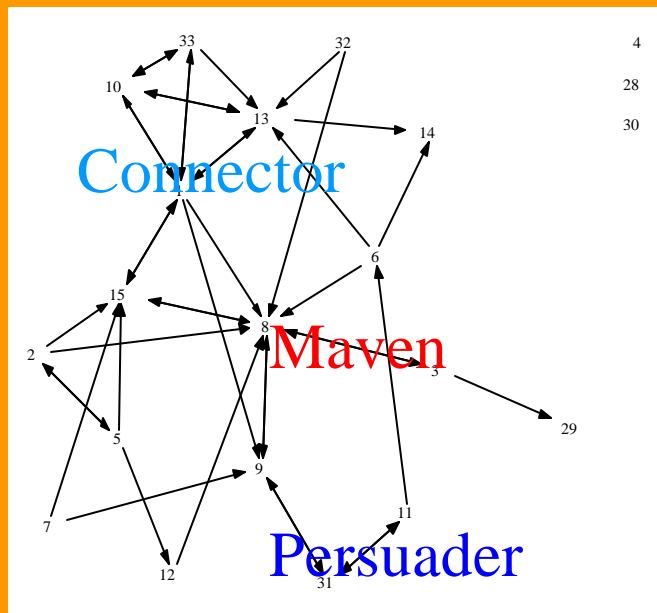
- Use a scientifically based strategy to influence the target (intended) audience.



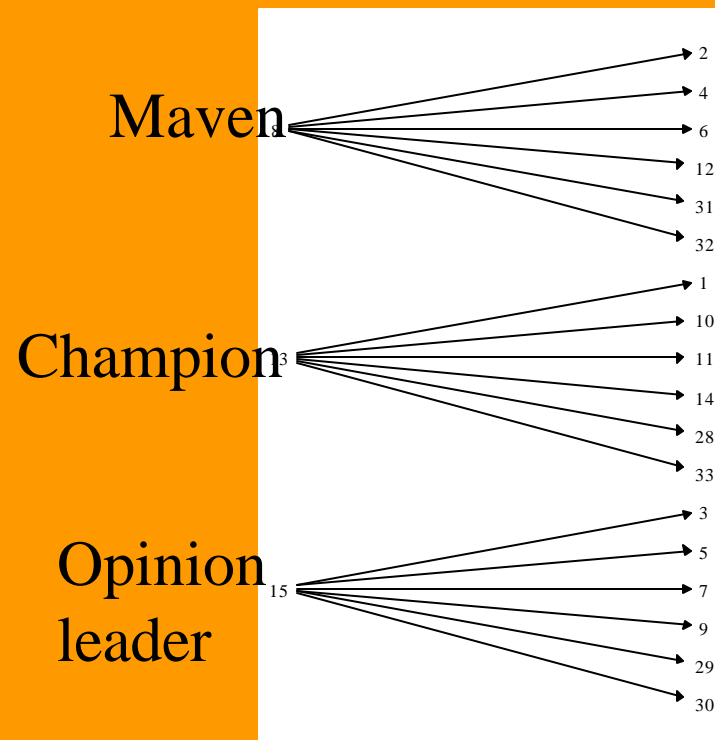
Proactive Dissemination

Communication with Sociometric science

Usual community with mavens, persuaders and connectors

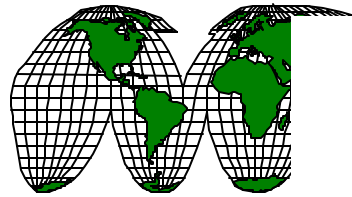


The Maven/Champion/Opinion leader has his/her own networks



Negotiation

- Identify partners with an open communication process for the best decision; (collaborative consultation)

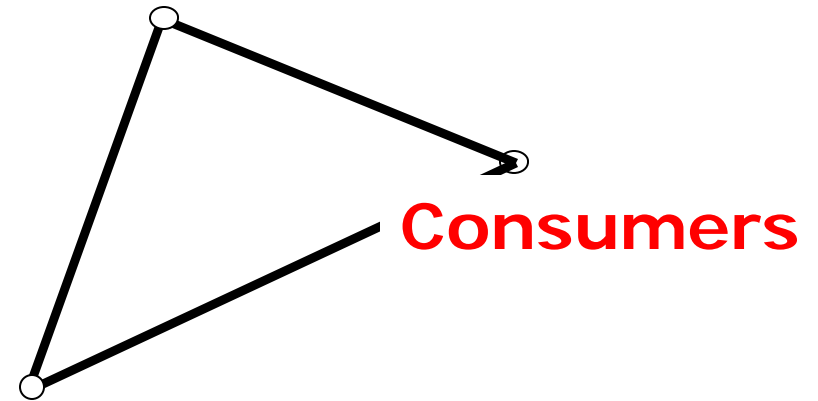


Strategic Partnerships

Explore options and Seek Alternatives

- Develop capital with trust and relationships

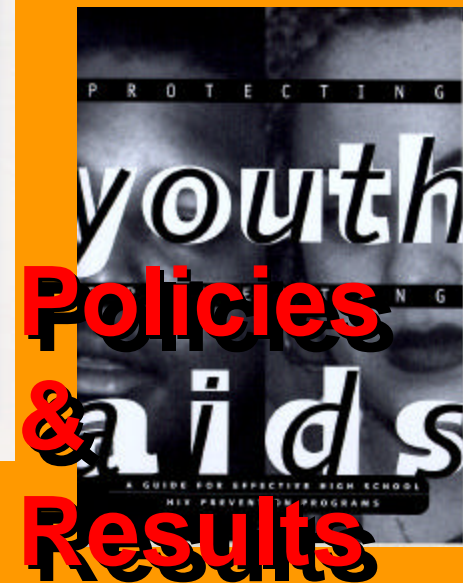
Stakeholders



NGOs; PVOs, Govt. agencies

Integrate Strategic Communication for programs:

Technology Training

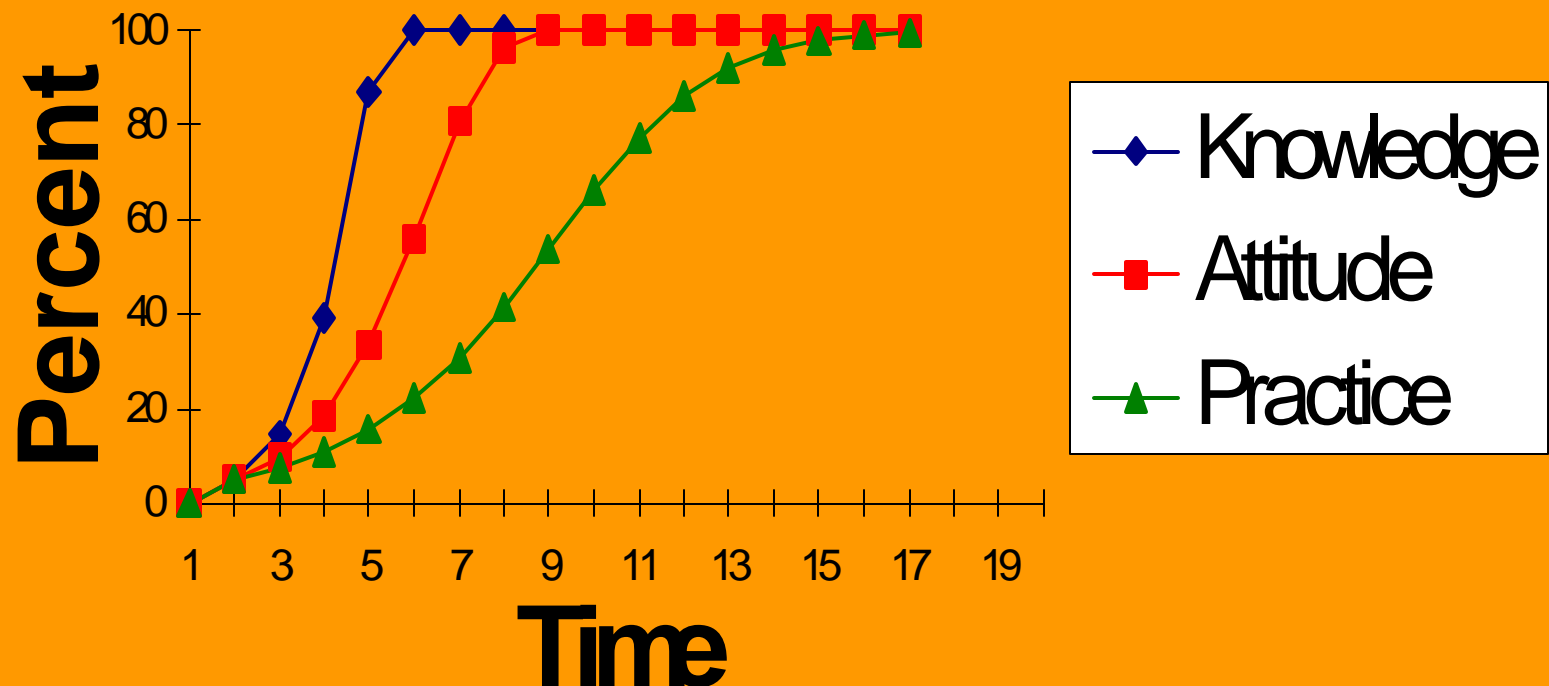


Develop individual norms with a baseline Health Literacy

Health Literacy is the capacity of individuals to obtain, interpret, and understand basic health information and services necessary for appropriate health decision-making.

**S. Ratzan, R. Parker , Editors, Complete Bibliography of Medicine,
National Library of Medicine, National Institutes for Health 2000**

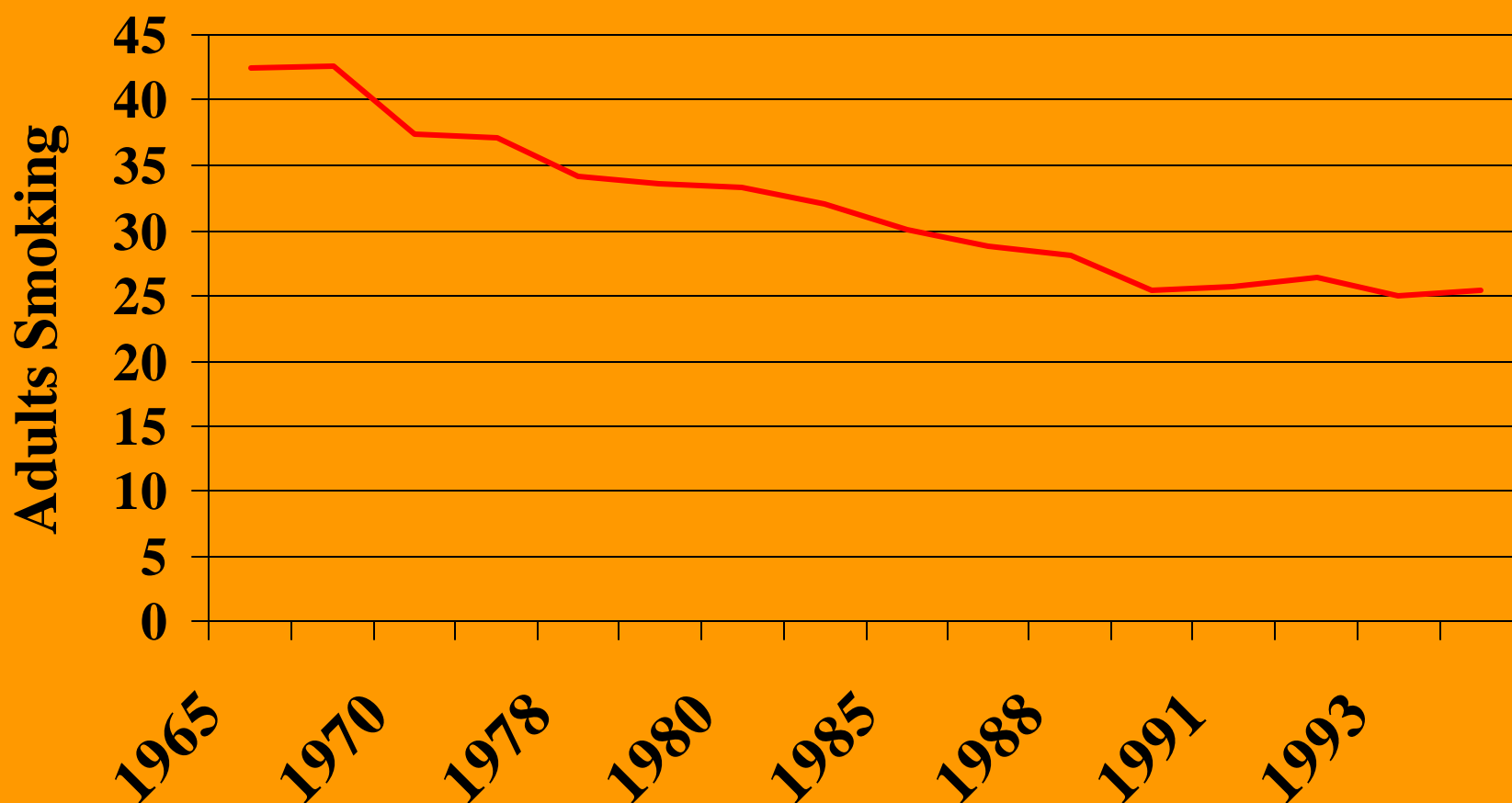
Diffusion of Knowledge, Attitudes and Practices (KAP)



Diffusion of Knowledge, Attitudes and Practices (KAP)

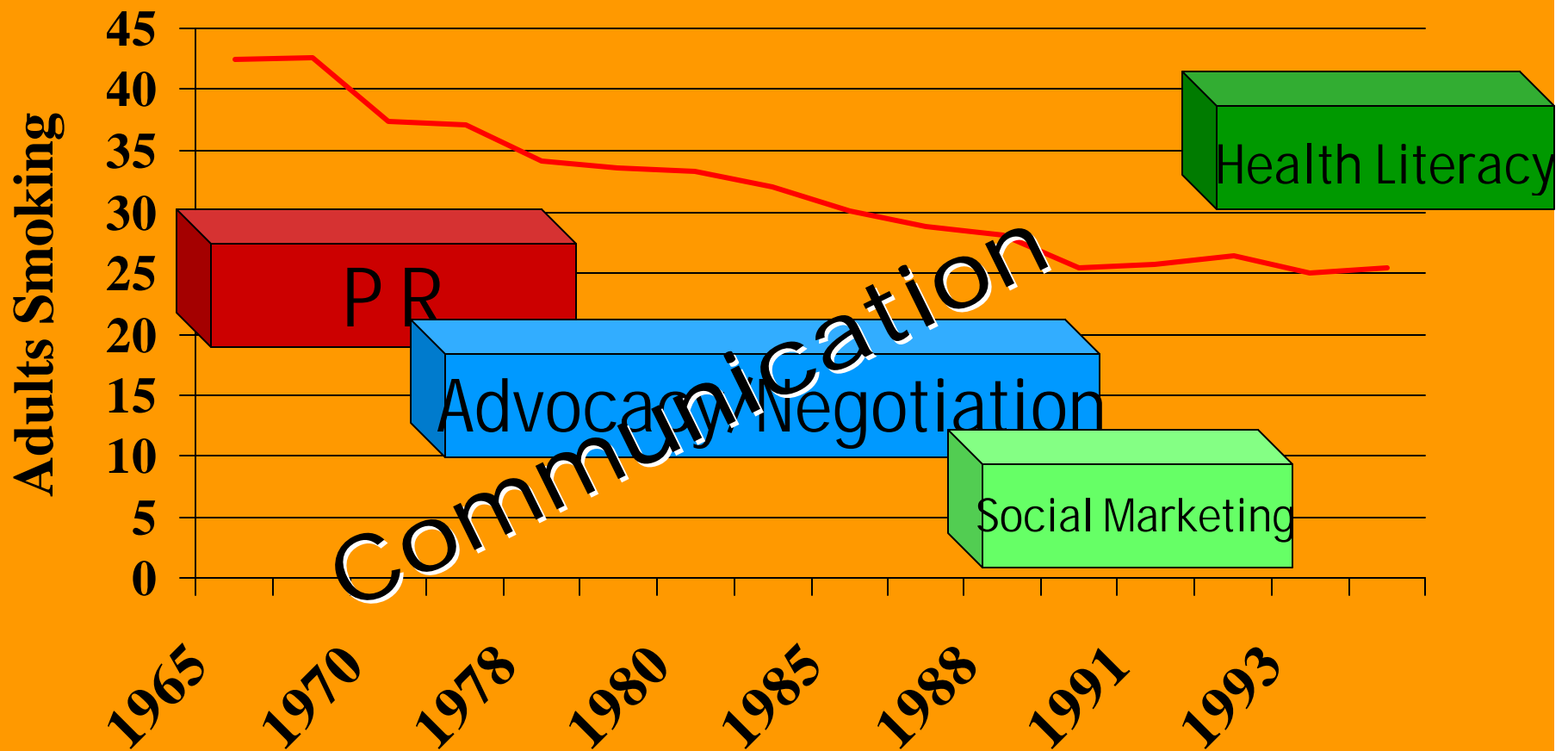


Smoking Prevalence Among U.S. Adults



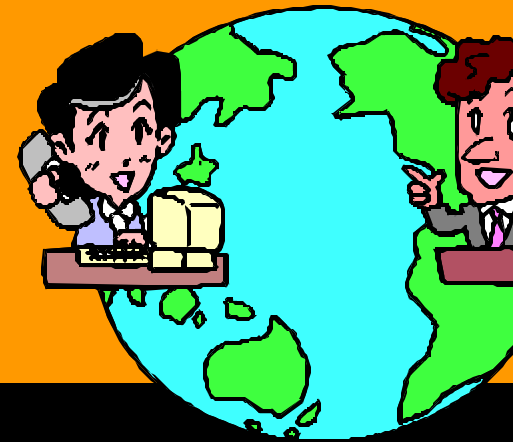
Source: http://www.cdc.gov/tobacco/research_data/adults_prev/prevali.htm

Smoking Prevalence Among U.S. Adults



Are we using communication effectively?

- How much do we really know?
- Are we examining/measuring the right indicators for impact and success? Or “behavioral change?”
- Should there be quality standards for methodology and reporting?



20th Century Developments



Industrial Age



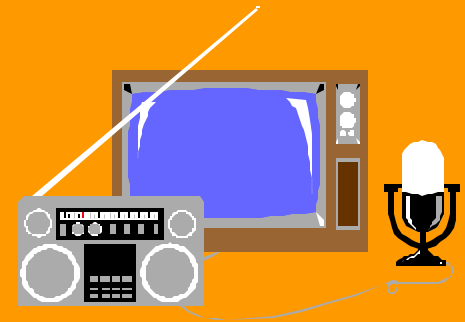
Information Age



Computer Age

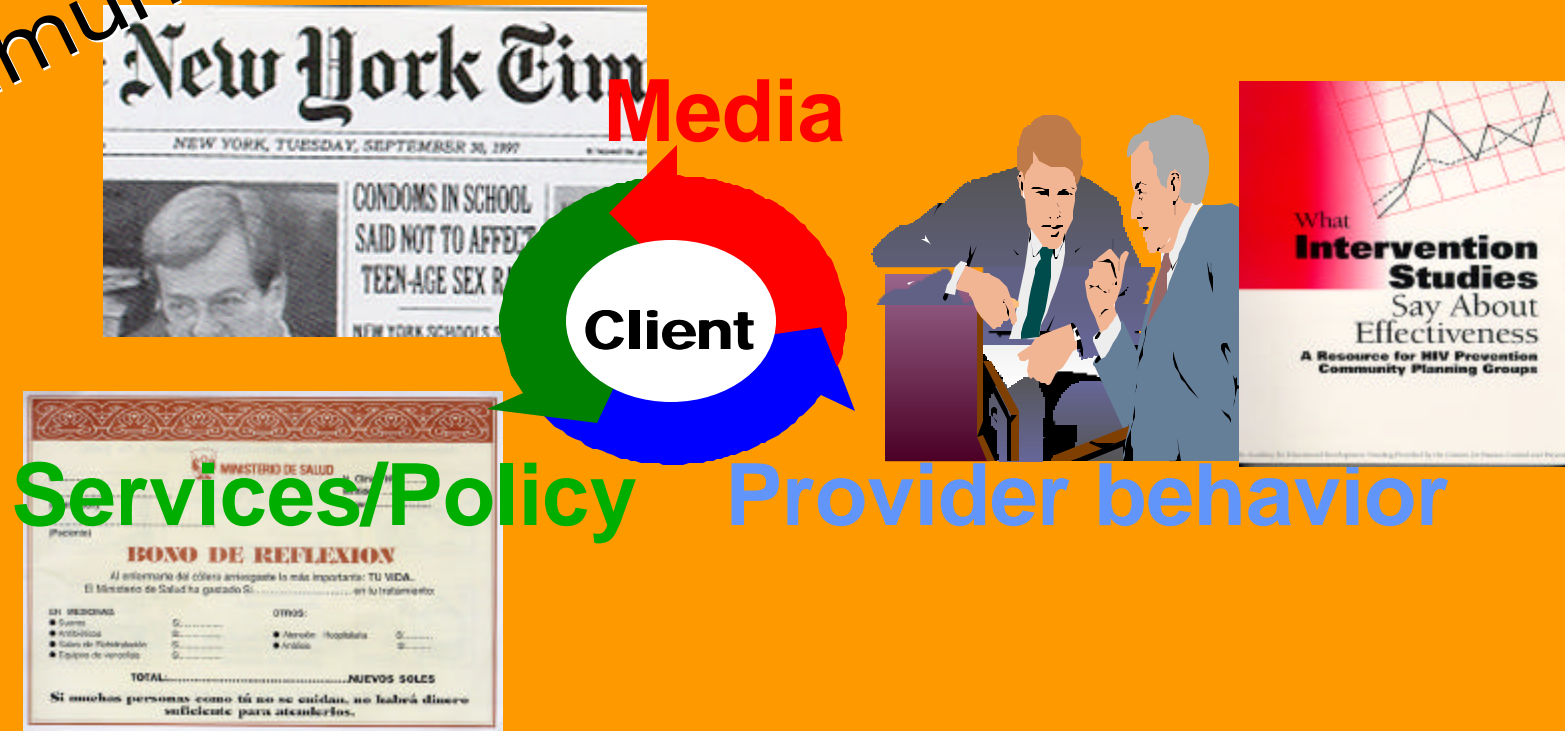


Communication Age



Behavior vs. Social Change: Where does communication influence?

Communication



Social Change

Where can communication influence?

Health Competence

•System

- supply
- quality
- access



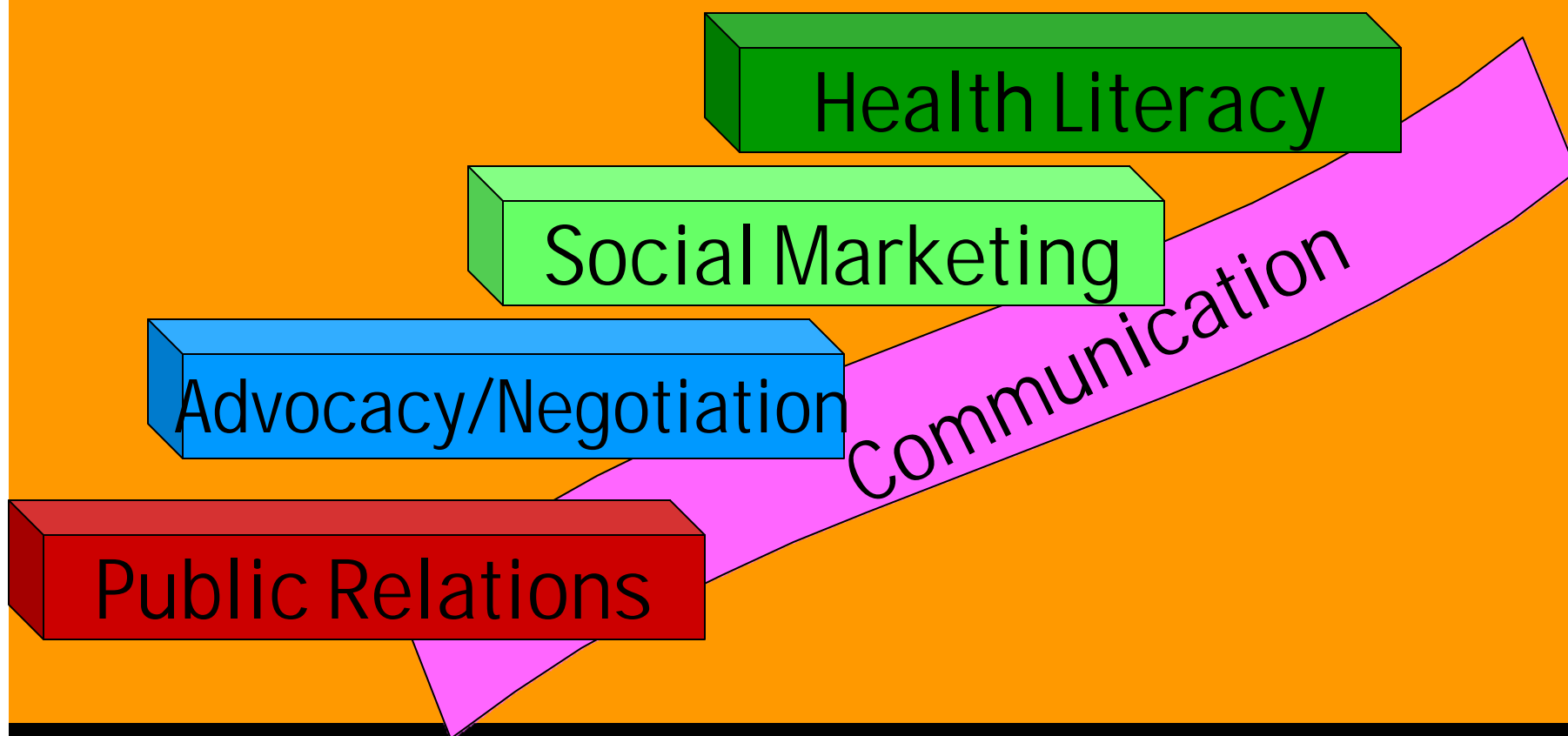
Individual

- health literate
- appropriate use
- participants

Supportive Environment

- services
- policies
- social norms

Developing Health Competence



Communication for Health Competence

- Develop health competence indicators to create dialogue and health “thinking” on the agenda
- Think big with determinants and outcomes
- Develop intermediate goals for the three areas:
 1. SYSTEM with quality
 2. ENVIRONMENT with supportive activities
 3. INDIVIDUAL with health literacy
- Create long-term outcome of health competent world

Final Thoughts

“Man’s stock of tools marks out the stages of civilization, the Stone Age, the Bronze Age, the Iron Age.

Tools are a result of successive improvement: the effort of all generations is embodied in them...The tool is the direct and immediate expression of progress.

We throw out the out-of-date tool.

Final Thoughts

This action is a manifestation of health, of moral health, of morale also; it is not right that we should produce bad things because of a bad tool; nor is it right that we should waste our energy, our health, and our courage because of a bad tool, it must be thrown away and replaced

Le Corbusier, Toward a new Architecture, 1927

Final Questions

Are we ready to add impact with communication moving beyond behavior change to social change to developing a health competence?

Can there be a health literate public?

Can we integrate our evidence base and communication strategies to develop health competence?